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PATENT NUMBER and ISSUE DATE

U.S. UTILITY Pat nt Application

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APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER	7
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NOTICE OF ALL	OWANCE MAILED	CLAIMS		IMS ALL	OWED
		Assistant Examiner	Total Claims	1	Print Claim for O.G
189	SUE FEE				
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	<u></u>	Primary Examiner		l	
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